the factors that contribute to pre-hospital delay among MI patients in Saudi Arabia. This study combined quantitative and qualitative methods using sequential explanatory design and received ethical approval.

Method: This cross sectional study comprised a consecutive sample of research participants ($n = 311$), who presented with a diagnosis of MI to 3 hospitals in Riyadh, from March 2011 to August 2011. Of these, 189 patients met the eligibility criteria and provided quantitative data. 18 patients were purposefully selected for semi-structured interviews that were taped and transcribed verbatim.

Findings: There was a statistically significant difference between pre-hospital delay time (onset of symptoms to hospital arrival) and participants' gender. For males the median delay was 5 h and for females it was 12.9 h ($p = 0.002$). A hierarchical multiple regression model determined female gender as the strongest predictor of total delay in this sample. Thematic content interview analysis produced a core theme-Lack of knowledge and Control and five subthemes, which will be presented with verbatim quotations.

Conclusion: Total pre-hospital delay time reported here is longer than in studies in other settings and there are significant gender differences, particularly in transfer delay. Qualitative data indicate that cultural factors are implicated. Health promotion strategies for potential MI patients should consider offering culturally-specific, gender related messages.

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The value of high on-treatment platelet reactivity and real time pcr test for cyp2c19 variants for saudi patients with acute coronary syndrome

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Background: Clopidogrel has been known for its variable response due to genetic variations. Several researchers have suggested genetic testing and or platelet function test (PFT) routinely. Aim: To find out the value of genotyping and PFT in Saudi patient with acute coronary syndrome (ACS).

Methodology: Thirty Saudipatients with ACS underwent coronary angioplasty with drug eluting stents wereconsecutively enrolled. Patients received clopidogrel as per usual dose of 300mgloading and 75mg per day as maintenance dose. Pre-procedure arterial bloodsample was taken from every patient for assessment of high on treatment PFT (Verify Now P2Y12 point-of-care assay).-Ten patients underwent Real time PCR test for CYP2C19 variants. In hospital clinical events (one month F/U) were monitored for all patients.

Results: The mean baseline platelet reactivity was 196 ± 58u (107:341).The mean P2Y12 reaction units (PRU) was found 188 ± 61u (88:362). High platelet reactivity (HPR) on clopidogrel defined as PRU more than 240 was found in 5 patients (17%); whereas, the mean percent of platelets inhibition was 12 %(range 0%: 48%). Analysis of CYP2C19 variants revealed 8 patients have mild variant 1/1 and 2 patients have moderate resistant variant 2/2. We couldn't detect allele 3 probably as our sample was small. No in-hospitalclinical events were encountered, including death,MI, stroke or repeatedrevascularization.

Conclusion: We found a little impact of the usual dose of clopidogrel on the percentage of platelet inhibition. Twenty percent of those underwent CYP2C19 analysis showed modest resistant gene. Irrespectivly weencountered no in-hospital events in our patients.

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The value of coronary CT angiography to assess graftability of left anterior descending artery before coronary artery Bypass surgery

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Background: Assessment of graftability of the LAD is an important factor for decision making, when the Left anterior descending artery (LAD) is totally occluded, Multidetector computed tomographic (CT) angiography might identify the flow distal to the total occlusion better than invasive coronary angiography.

Aim: To identify the value of CT coronary angiography in the assessment of LAD graftability when it is questionable invasive coronary angiography.

Methodology: Our study is a retrospective single center study, we included 18 patients with multivessel disease who were discussed for Coronary Artery Bypass Surgery (CABG) in combined meeting (including cardiologists and cardiac surgeons), the LAD graftability was questionable and patients referred for coronary CT angiography.

Results: From the 18 patients. There were 12 patients with concordance between both modalities that the LAD was found not graftable and those patients deferred from CABG. Four of them 4/12 underwent coronary angioplasty and stenting for other vessels and 8/12 continue on medical treatment only. There were six 6/18 patients who showed discordance between both modalities as the CT reveled graftable LAD while the invasive coronary angiography did not show it; those patients underwent successful CABG with LIMA to LAD. One of the CABG patients has LM arising from right sinus of valsalva. CT angiography detects the ominous course of LM between the aorta and pulmonary artery.

Conclusion: Coronary CT angiography is a very valuable tool to assess graftability of the left anterior descending artery before Coronary Artery Bypass Surgery.

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